

2019 MIPS Checklist

TIMEFRAME	TASKS (Note: refer to our Customer Portal for the most current version)
What can I be doing now?	<p><u>Preparation</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Install CQR <input type="checkbox"/> Upgrade to desired service pack and/or third-party versions <input type="checkbox"/> Keep up-to-date on the monthly Knowledgebase releases <input type="checkbox"/> Monitor CQR ingestion <input type="checkbox"/> Update/maintain CQR Member Admin role <input type="checkbox"/> Assign/Confirm <u>Source of Payment (SOP) codes</u> for all insurance carriers <p><u>Learn about MIPS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Research MIPS <input type="checkbox"/> Confirm Participation <p><u>Choose Measures</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Promoting Interoperability Performance and Bonus Measures <input type="checkbox"/> Quality Measures <input type="checkbox"/> Improvement Activities <input type="checkbox"/> Regularly monitor measures in CQR <p><u>Investigate and Choose your MIPS submission type, submitter type, and collection type</u></p>
May 20, 2019 to March 2, 2020 (CPC+ deadline is 2/3/2020)	<p><u>If using QSS Reporting Program, Enroll: Automated Process in CQR</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sign MQIC Agreement (if you are not an existing member) and/or QSS Agreement <input type="checkbox"/> Enroll individual clinician(s) and MIPS group(s) <input type="checkbox"/> Include / Exclude clinician(s) from MIPS group(s) <input type="checkbox"/> Sign and return the MIPS Reporting Program sales order <input type="checkbox"/> Enter/Validate provider information in CQR and request consent forms
July 2019	<ul style="list-style-type: none"> <input type="checkbox"/> CMS will send last year's <u>MIPS performance feedback</u> reports
Oct 3, 2019	<ul style="list-style-type: none"> <input type="checkbox"/> Deadline to start Promoting Interoperability & Improvement Activity categories if reporting a minimum of 90 days
Summer to Dec 31, 2019	<ul style="list-style-type: none"> <input type="checkbox"/> Deadline for submitting a <u>PI hardship exception request</u>
Jan 24, 2020 to March 16, 2020 (CPC+ deadline is 2/14)	<p><u>If using QSS, Authorize Submission</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Confirm Performance Categories, Selected Measures, and answer Attestation Statements <input type="checkbox"/> Authorize <input type="checkbox"/> QSS Submission Confirmation and Review Information
March 31, 2020	<ul style="list-style-type: none"> <input type="checkbox"/> CMS MIPS submission deadline (either via QSS or alternative)
July 2020	<ul style="list-style-type: none"> <input type="checkbox"/> CMS 2019 MIPS performance feedback will be available
Jan 1, 2021	<p>CMS positive, neutral or negative payment adjustments start</p>
Request Help	<p>athenahealth support (CPS, CEMR) Quality Payment Program Service Center: 1-866-288-8292, QPP@cms.hhs.gov</p>



Preparation

- Install CQR
- Upgrade to desired service pack and/or third party versions
- Keep up-to-date on the monthly Knowledgebase releases
- Monitor CQR ingestion
- Update/maintain CQR Member Admin role
- Assign/Confirm [Source of Payment \(SOP\) codes](#) for all insurance carriers

Install CQR

1. Contract with athenahealth or your Value-Added Reseller.
 - athenahealth Email: ACMSales@athenahealth.com
2. With a signed contract, an athenahealth Install Consultant can be scheduled to perform the install of CQR and the Qvera Interface Engine, QIE. QIE is a required component to export your data to CQR.
3. An EMR Consultant will provide an introductory education on the use of CQR.

Note: At a minimum, CQR should be installed a month prior to the beginning of your desired reporting period. There are many variabilities to consider like number of clinicians, number and type of specialties, third party solutions, and which measures are being chosen to report on. It can take considerable effort to learn each of the measures, decide which ones to use, perform the necessary software setup, decide on and test applicable workflows, train clinicians, and then track adherence to those workflows. Improving performance on Medicaid MU or MIPS measures is an evolutionary process. The earlier you start investing in monitoring your performance and adapting based on results, the more likely you'll be able to benefit from positive payment adjustments from CMS, or at a minimum, avoid negative payment adjustments.

Upgrade to desired service pack and/or third party versions

1. Review our [Software Requirements](#) documentation.
2. Review our MIPS and CPC+ [Group Reporting FAQ](#) if interested in reporting at the group level.
3. Schedule or prepare for upgrade
4. Perform upgrade or contract with athenahealth or your Value-Added Reseller.
 - athenahealth Email: ACMSales@athenahealth.com



Keep up-to-date on the monthly Knowledgebase (KB) releases

Knowledgebase updates occasionally include new value-set mappings that can impact measures depending on your workflows and terms used. See the *Mapping Data for Meaningful Use* chapter in the Quality Reporting Guide and our KB release notes that are published with every KB update for more information.

Our April 2019 KB loaded 2019 value set data as the default.

KB Downloads and Release Notes ([CPS](#): [CEMR](#))

Monitor CQR Ingestion

Review out [Monitoring Quality Reporting Data Flow](#) document. We recommend monitoring your data flow weekly.

Update / maintain CQR Member Administrator (MA) role

It's important to maintain the MA role. This role has full access rights for managing CQR. athenahealth also defaults to sending communications to those with MA permissions. We might send communications when we identify an issue with your data ingestion or when there are time sensitive fixes that you may be impacted by during reporting season. Given the varying nature of these communications, you may want to designate the MA role to more than one user. If you need to assign a MA role to a new user, please call athenahealth support or your Value-Added Reseller. Our CQR User Manual has more information on user management.

Assign / Confirm Source of Payment (SOP) codes for all insurance carriers

1. CMS requests data for all payers in MIPS submissions. The SOP code serves as a standard payer code across all submitters.
2. SOP codes were created by the Public Health Data Standards Consortium, now hosted by the [National Association of Health Data Organizations \(NAHDO\)](#). Use their [Source of Payment Typology](#) code set used as guidance in assigning SOP codes.
3. Import and run our SOP report to confirm existing SOP assignments. May be found on our QSS page: ([CPS](#), [CEMR](#))
4. Reference our [SOP FAQ](#) for more information.

Notes:

If on Service Pack 13 or higher, updated SOP codes will automatically resend patient data for impacted patients back to the first of the year.

[Learn about MIPS](#)

- Research MIPS
- Confirm Participation

Research MIPS

Explore CMS information at <https://qpp.cms.gov/>.

Explore the resources and education on the MIPS page of our Quality Reporting Community ([CPS](#), [CEMR](#)).

Confirm Participation

Search provider NPIs on the [CMS QPP site](#) to learn which of your providers need to submit data for MIPS.

Review [CMS MIPS Overview](#).

Choose Measures

- Promoting Interoperability Performance and Bonus Measures
- Quality Measures
- Improvement Activities
- Regularly monitor measures in CQR

To choose your measures in CQR, navigate to *Configuration > Measurement Settings*, and select a provider. You can then pick which program(s) you want to report on, Medicaid and/or MIPS.

Promoting Interoperability Performance and Bonus Measures

- Explore CMS QPP page: <https://qpp.cms.gov/mips/promoting-interoperability>
- Explore the resources and education on the MIPS page on our Quality Reporting Community ([CPS](#), [CEMR](#)).
- Identify the documentation you'll use for your audit file by reviewing the [CMS Data Validation Criteria](#).

Quality Measures

- Explore CMS QPP page: <https://qpp.cms.gov/mips/quality-measures>
- Explore the resources and education on the MIPS page of our Quality Reporting Community ([CPS](#), [CEMR](#)).
- Use the Medicare FFS filter in CQR to ensure you have at least one Medicare Part B patient for each quality measure chosen in your reporting period. Identify the documentation you'll use for your audit file by reviewing the [CMS Data Validation Criteria](#).

Improvement Activities

- Explore CMS QPP page: <https://qpp.cms.gov/mips/improvement-activities>
- Explore the resources and education on the MIPS page on our Quality Reporting Community ([CPS](#), [CEMR](#)).
- Identify the documentation you'll use for your audit file by reviewing the [CMS Data Validation Criteria](#).

Regularly monitor measures in CQR

Regularly refresh calculations in CQR and work with your provider(s) to help them improve their results. The Quality Reporting Guide will provide workflows and measure data requirements for meeting each measure. This user guide is located on our Quality Reporting Community and is updated frequently so check back regularly for updates.

- CPS Quality Reporting Guide: [PDF format](#) or [.chm Help File format](#)
- CEMR Quality Reporting Guide: [PDF format](#) or [.chm Help File format](#)





[Investigate and choose your MIPS submission type, submitter type, and collection type](#)

Investigate and choose your MIPS submission type, submitter type, and collection type

1. Choose your MIPS submission reporting options. we support the following:
 - Submission Types: Claims, Log-in and Upload, and Log-in and Attest
 - Submitter Types: Individual and Group
 - Collection Types: eCQMs and claims





The measures available and the program requirements vary based on the options chosen.

Data Submission for MIPS Eligible Clinicians Reporting as Individuals

Performance Category	Submission Type	Submitter Type	Collection Type
 Quality	<ul style="list-style-type: none"> • Direct • Log-in and Upload • Medicare Part B Claims (small practices only) 	<ul style="list-style-type: none"> • Individual • Third Party Intermediary 	<ul style="list-style-type: none"> • eCQMs • MIPS CQMs • QCDR Measures • Medicare Part B Claims Measures (small practices only)
 Cost	<ul style="list-style-type: none"> • No data submission required 	<ul style="list-style-type: none"> • Individual 	-
 Improvement Activities	<ul style="list-style-type: none"> • Direct • Log-in and Upload • Log-in and Attest 	<ul style="list-style-type: none"> • Individual • Third Party Intermediary 	-
 Promoting Interoperability	<ul style="list-style-type: none"> • Direct • Log-in and Upload • Log-in and Attest 	<ul style="list-style-type: none"> • Individual • Third Party Intermediary 	-

Note: If you are participating in a Medicare Accountable Care organization (ACO), your ACO is required to submit quality data to CMS on your behalf. We only support CPS and CEMR data for submissions.

Data Submission for MIPS Eligible Clinicians Reporting as Groups

Performance Category	Submission Type	Submitter Type	Collection Type
 Quality	<ul style="list-style-type: none"> • Direct • Log-in and Upload • CMS Web Interface (groups of 25 or more eligible clinicians) • Medicare Part B Claims (small practices only) 	<ul style="list-style-type: none"> • Group • Third Party Intermediary 	<ul style="list-style-type: none"> • eCQMs • MIPS CQMs • QCDR Measures • CMS Web Interface Measures • CMS Approved Survey Vendor Measure • Administrative Claims Measures • Medicare Part B Claims (small practices only)
 Cost	<ul style="list-style-type: none"> • No data submission required 	<ul style="list-style-type: none"> • Group 	-
 Improvement Activities	<ul style="list-style-type: none"> • Direct • Log-in and Upload • Log-in and Attest 	<ul style="list-style-type: none"> • Group • Third Party Intermediary 	-
 Promoting Interoperability	<ul style="list-style-type: none"> • Direct • Log-in and Upload • Log-in and Attest 	<ul style="list-style-type: none"> • Group • Third Party Intermediary 	-

2. Choose whether your clinicians will report as individuals or as a group.

- CMS allows clinicians to report as an individual and in a MIPS Group. CMS will choose the submission with the higher score. If you have a clinician enrolled in QSS Reporting Program that wants to send both individual and group submissions, refer to our [QSS FAQ](#) for more information.

Note: athenahealth will support both individual and group reporting for MIPS and CPC+. You may choose to [enroll](#) in athenahealth’s Quality Submission Service (QSS) to have athenahealth submit your measure results to CMS on your behalf. QSS also offers additional features that may be required depending on the submission method(s) you choose. Refer to our QSS page on the customer portal for more information ([CPS](#), [CEMR](#)), including our [QSS FAQ](#).

QRDA files for individual and group submissions will be available from the dashboard tab, but yearly QRDA specification updates must be made in Q4 each year prior to submission.

MIPS Individual Clinician

- Measure results are available on the MIPS and Dashboard tabs.
- You may choose to [enroll](#) in Quality Submission Service to have athenahealth submit to CMS on your behalf.

MIPS Group (requires [enrollment](#) in QSS Reporting Program)

- Aggregated group measure results are available on the MIPS and Dashboard tabs.
- Optionally, athenahealth's QSS team will submit your results to CMS if you choose to [authorize](#) us to do so.
- Review our [MIPS and CPC+ Group Reporting FAQ](#) for software requirements and more details.

CPC+ (requires [enrollment](#) in QSS Reporting Program)

- Aggregated CPC+ site measure results are available on the MIPS and Dashboard tabs.
- Optionally, athenahealth's QSS team will submit your results to CMS if you choose to [authorize](#) us to do so.
- Review our [MIPS and CPC+ Group Reporting FAQ](#) for software requirements and more details.
- CPC+ requires registration and approval from CMS.

If using QSS Reporting Program, Enroll: Automated Process in CQR

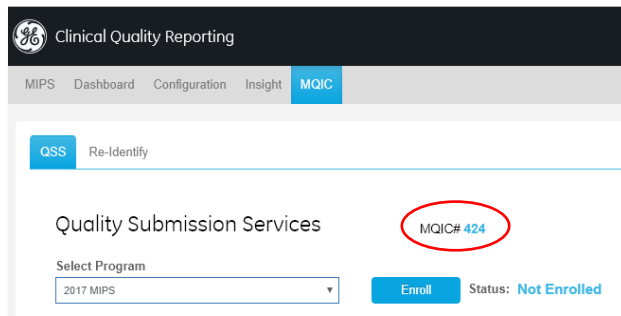
- Sign MQIC Agreement (if you are not an existing member) and/or QSS Agreement
- Enroll individual clinician(s) and MIPS group(s)
- Include / Exclude clinician(s) from MIPS Group(s)
- Sign and return the MIPS Reporting Program Contract sales order (requires manual submission)
- Enter/Validate provider information in CQR and request consent forms

If choosing to enroll in Quality Submission Service (QSS) Reporting Program, follow the steps below. For full details on the process, you may also refer to our [CQR User Manual](#) and/or QSS Enrollment Webinar ([MIPS](#), [CPC+](#)).

Note: If a practice misses the enrollment deadline as documented on our customer portal QSS page ([CPS](#), [CEMR](#)), please reach out to support or your Value Added Reseller to request an extension. If granted the extension, a signed EMR consulting quote for 4 hours (1 hr minimum) to assist in the enrollment process is required.

Sign MQIC Agreement

1. If you have an existing MQIC# you can proceed to the next step. MQIC Agreements do not currently expire. If you have an existing agreement and you are a Member or Program Admin role in CQR, you'll see the following information, including your MQIC#, when you select the *MQIC* tab. If you don't have access to the MQIC tab, refer to our [MQIC FAQ](#) for more information and sign the [MQIC Agreement](#).



Sign QSS Agreement in CQR

1. A Member or Program Admin role resource signs in to CQR and navigates to the MQIC > QSS tab.
2. Select the desired program (i.e. 2019 MIPS) and choose the *Enroll* button.
3. Enter organization and primary contact information. Primary contact email is used to send a link to the online QSS Agreement.
4. Select *Send Agreement*. An email from the docusign.net domain will be sent to the primary contact. A QSS Agreement must be signed electronically for each organization. Follow Docusign workflow to review, sign and submit the agreement. You should receive an email from docusign.net stating "Your document has been completed." Within three hours, your status should change to QSS Agreement Signed. You may then move to the next step.
5. Choose *Complete Enrollment* button. After the QSS Agreement is signed, allow up to three hours for access to clinician and group enrollment.

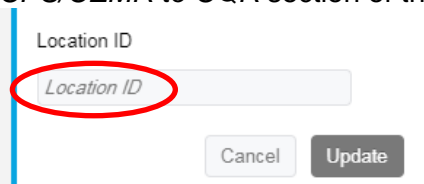
Enroll Individual Clinician(s)

1. If submitting to CMS by individual clinician, enter the estimated number of eligible clinicians and select the performance categories you want submitted via QSS. You may create additional rows to break up your providers by the performance categories they want to have submitted. Improvement Activities are only available if either Promoting Interoperability or Quality are also chosen. The purpose of this step is to estimate your requested services so that a QSS Reporting Program sales order may be generated. When complete, choose *Save*.

Note: Billing will be based on actual clinicians submitted by athenahealth. athenahealth will submit for any clinician that you select to authorize in CQR. A final Invoice will be sent in Q2, after CMS submissions are complete.

Enroll MIPS Group(s)

1. If submitting to CMS by group, please also reference our [MIPS and CPC+ Group Reporting FAQ](#).
2. There are a couple of preparation tasks for your CQR practices to address first. For each practice that you want to include in a MIPS Group, follow the steps below.
 - a. Add Practice Address and Tax ID. Navigate to Configuration > Organizational Structure. Find a practice, select the *Edit* icon, and enter the Address and Tax Id if blank. Select Update.
 - b. Identify any practice that has a blank Location ID and follow our import practices instructions. EMR Locations of Care are connected to practices in CQR using a Location ID, which allows CQR to properly link results. There are common scenarios where a Location ID is missing from the practice configuration. For any practice missing a Location ID that you want to include in a MIPS Group, you will need to first need to import it from your EMR. For instructions, search for (CTRL F) the *Importing Practices (LOCs) from CPS/CEMR to CQR* section of the [CQR User Manual](#).



The image shows a screenshot of a web form. At the top, the text 'Location ID' is displayed. Below it is a text input field containing the text 'Location ID'. A red circle is drawn around the text 'Location ID' within the input field. Below the input field are two buttons: a light gray 'Cancel' button and a dark gray 'Update' button.

3. Select *MIPS Group Enrollment* and *Add MIPS Group*. For each group, enter a Tax ID and desired performance categories to have submitted. CQR will automatically list any Locations of Care associated with that Tax ID. Within the following two weeks, confirm the list of clinicians and include or exclude clinicians below as necessary.

Note: Billing will be based on access to group reporting vs. submission. The MIPS Reporting Program sales order will be based on the groups created at the time the order is processed, however, you will ultimately be invoiced based on the higher of either the count of clinicians (minus excluded clinicians) when a group is created, including inactivated groups, or the count of clinicians submitted after you authorize. A final Invoice will be sent in Q2, after CMS submissions are complete.
4. For users to see the new MIPS Groups on the MIPS and Dashboard tabs they will need to be granted permissions.

Include / Exclude Clinicians

1. If per above, CQR selects clinicians that CMS agrees can be excluded, you can choose to exclude them using the *Exclude Clinician* button. Use the CMS MIPS participation lookup tool to confirm: <https://gpp.cms.gov/participation-lookup>. Excluded clinicians will not be billed for QSS Reporting Program participation.



The screenshot shows a web interface titled "Clinician List" with a "MIPS Group" label. Below the title are four buttons: "Update Selected Clinicians" (dark grey), "Remove Selection" (dark grey), "Include Clinician" (light grey), and "Exclude Clinician" (dark grey).

2. You may also add clinicians that CQR did not identify. This may be because you use Document Types vs. Encounter Orders in some scenarios. It may also be based on when you implemented CPS 12.0.13 or CEMR 9.8.13, as that is when we improved upon the scenarios where we send LOC to CQR.

Sign and return the MIPS Reporting Program sales order

1. The QSS Reporting Program primary contact will receive a contract order via email shortly after the number of estimated clinicians are enrolled.
2. Sign the contract and follow instructions on the contract to send it back to athenahealth sales.
3. Sign and return the order within one week of receipt. A hold will be placed on your organization's ability to authorize pending return of the order. Group access will be taken away pending return of the order.

Enter / Validate provider information in CQR and request consent forms

1. Enter or validate each provider's NPI, TIN, email address, and name.
 - NPI and TIN numbers are required for submissions to CMS. CMS only accepts one submission per NPI/TIN combination. A provider's NPI will import from the EMR into CQR, but the TIN must be manually entered. For group reporting, each individual provider's TIN must be identical to the group TIN to be included in the group calculations.
 - Email addresses in CQR are used to send electronic consent forms to the participating providers to sign. Email addresses are not populated by your EMR.
 - Provider names are imported from your EMR. In many cases, the provider's credentials are included in their last name. When you request a Consent Form for any provider, our online form vendor, DocuSign, uses an electronic signature that consists of the provider's initials that are based on the first letter in the first and last name fields in the CQR provider name fields plus the first letter follow a space. For instance, Joe Jones M.D., where first name is Joe and last name is Jones M.D., DocuSign would use the initials of JJM. For any provider that would not agree to such initials should have their credentials removed from their last name field in CQR prior to requesting a Consent Form.

On the MQIC tab, each provider will show a message if additional information is required (i.e. Missing NPI). For each provider that plans to participate in QSS but shows as needing information, select an individual or group of providers and click *Update Selected Providers*.

2. Choose the *Send* consent form button. Once a provider's consent form is signed, nothing should show to the right of the provider's name.

Note: Consent forms are required only once under the CMS MIPS program. If signed in a previous year covered by MIPS, no further action should be required (i.e. nothing should show to the right of the provider's name).

Possible Consent Form Statuses:

Send – Consent form has not been sent

Blank – NPI, TIN, or email address is blank

Completed – provider has signed the consent form

Pending – the consent form has been emailed but has not been signed and submitted

Expired – 30 days has passed with no signature since a request was sent

Rejected – clinician declined signing the consent form

Undeliverable – the request could not reach the intended recipient mailbox (invalid email address)



[If using QSS, Authorize Submission](#)

- Confirm Performance Categories, Selected Measures, and answer Attestation Statements
- Authorize
- QSS Submission Confirmation and Review Information

For customers enrolled in the QSS reporting program for MIPS (or CPC+), athenahealth will submit measure data to CMS on behalf of participating clinicians and groups. The authorization feature described here is the final and most important step in the process. It designates the clinicians and groups, performance categories, measures, and date ranges that will be submitted to CMS by athenahealth. If a clinician or MIPS group is not authorized, the data will not be submitted to CMS.

For complete details on the authorization process, please refer to our [CQR User Manual](#) or Authorization webinar slides on our customer portal QSS page ([CPS](#), [CEMR](#)).

It is assumed that the enrollment steps explained in the previous section have been completed.

Note: If a practice misses the authorization deadline as documented on our customer portal QSS page ([CPS](#), [CEMR](#)), please reach out to support or your Value Added Reseller to request an extension. If granted the extension, a signed EMR consulting quote for 4 hours (1 hr minimum) to assist in the authorization process is required.

Confirm Performance Categories, Selected Measures, and answer Attestation Statements.

1. Confirm the performance categories that you want submitted. On the MIPS tab, you will see a blue circle icon above each performance category that your individual clinician or group has enrolled for. If any changes are necessary, return to the MQIC tab and update each provider or group.



2. If submitting PI measures, answer the Attestation Statements on the MIPS tab.

Attestation Statements for the ACI Performance Category

Attestation Statement

Prevention of Information Blocking Attestation 

ONC Direct Review Attestation 

ONC-ACB Surveillance Attestation (Optional) 

3. Confirm that the calculation being displayed on each MIPS tab that you want submitted represents the measures, results, and time period you want to submit. Note that all Quality measures that are displayed will be submitted, not just the measures chosen in the *Sel* column. The *Sel* column selects the measures to be used for the estimated score and does not control which measures are submitted to CMS. To change the measures that display, navigate to *Configuration > Measurement Settings*.

Note: All measures sent to CMS are potentially included in the CMS [Physician Compare](#) program.

Authorize

Choose the Authorize button on the MIPS tab when ready.

Authorize MIPS 

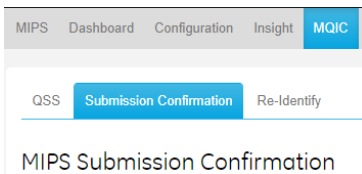
1. A window will pop up with a list of messages that are either a warning or restriction. Review the messages and respond accordingly. Restriction type messages must be addressed before you can continue. If there are only warnings and you are ready to proceed, check the confirmation message box.
2. A final MIPS Authorization confirmation window appears. Read and verify as this is the final step. Select *Authorize MIPS* when ready or cancel to make changes. A message confirming authorization was completed will appear, click *close*.
3. The blue circles should have changed to green to indicate completion of authorization. The *Authorize MIPS* button will now be greyed out and the date of authorization will appear under it.



QSS Submission Confirmation and Review Information

- The MIPS Submission Confirmation feature provides key submission information in a single convenient location in the MQIC tab for those participants whose data is submitted to CMS by athenahealth.

Select MQIC > Submission Confirmation tab



- This feature replaces the submission confirmation email. athenahealth submission of MIPS data simplifies your work with the automated submission confirmation and bookmark features, making it easy to access historical program data for record-keeping and auditing purposes. email.
- Members are strongly urged to review this information prior to the submission deadline and should contact support or VAR if there are concerns.

Document Changes

May 20, 2019	Initial 2019 version
Oct 21, 2019	Updated links to reference athenahealth customer portal

